

CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: Alexandria VA 002 Date of Visit: 10/15/19

Contractor Personnel on Site:

1. Brian Davis

2. Patrick Donovan

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. 10695, 10696, 10697, 11004 Boiler PM + Bldg #2 lights

Service Calls – Service Call Number and Description

1. CSS#

2. CSS#

3. CSS#

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Donovan Date: 10/15/19

Signed: Patricia J. Davis

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: Patricia J. Davis Date: 10/15/19

Signed: Patricia J. Davis

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #: Alexandria VACOR

LOCATION/RM #: Blg #2 **WO#** 1104 **ASSET #** 1466

MECHANIC SIGNATURE: John Doe **DATE:** 10/15/19

START TIME: 8:30 **FINISH TIME:** 8:45

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO PROVIDE EXPLANATION) |
|--------------------|---|-------------------------------------|--------------------------|--|
| | | YES | NO | |
| 1 | Schedule and coordinate work with operating personnel. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 1 | Inspect lighting contactor for pitting or arcing - report issues. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>Crossed</i> |
| 2 | Inspect visual condition of wiring. Look for evidence of overheating. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>Crossed</i> |
| 3 | Check for proper light operation. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>Crossed</i> |
| 4 | Test operation of automatic switches/time clock/ <u>photocells</u> if applicable. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>Crossed</i> |
| 5 | Inspect light pole and mounting devices for deficiencies. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>Crossed</i> |
| 6 | For any noted deficiency, takes pictures and open corrective maintenance ticket. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>Crossed</i> |

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For any deficiencies found exceeding \$250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: